

**ALIEN SURPLUS LINES INSURER  
AFFIDAVIT OF FILING AND FINANCIAL STATEMENT ATTESTATION**

**NAIC Company Code** \_\_\_\_\_  
**NAIC Group Code** \_\_\_\_\_

Reporting Entity Name \_\_\_\_\_  
Domiciled in \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
NAIC Annual Filing Contact: \_\_\_\_\_  
(Name) Telephone No. E-mail Address

In the Matter of the Annual Financial Statement Filing required for the Period Ending on the \_\_\_\_\_ day  
of \_\_\_\_\_, 2\_\_\_\_\_ Mailing Date: \_\_\_\_\_

The officers of the above identified reporting entity, being duly sworn, each depose and say that on the mailing date above, a true and correct statement for the reporting period stated above has been sent to the National Association of Insurance Commissioners, according to the International Insurers Department Plan of Operation for Listing of Alien Non-admitted Insurers.

Additionally, the officers of the above identified reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that for the reporting period stated above, all of the described assets in the above referenced statement were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as therein stated, and that the statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended on that date, according to the best of their information, knowledge and belief, respectively.

----- Signature	<input type="checkbox"/>	----- Signature	<input type="checkbox"/>	----- Signature	<input type="checkbox"/>
----- (Print Name) President		----- (Print Name) Secretary		----- (Print Name) Treasurer	

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
(Print Name)  
Witness

\_\_\_\_\_  
Notary Public  
My Commission Expires: